



**DIVISION OF PROFESSIONAL LICENSURE
OFFICE OF INVESTIGATIONS
Application for Complaint**

617-727-7406

www.mass.gov/dpl

Date Received (stamp):

Entered into the Database (Date): ____/____/____

Docket #: ____ - ____ - ____

Acknowledgement letter sent (Date): ____/____/____

Signature: _____

Please complete this form as fully as possible. **(PLEASE DO NOT WRITE ABOVE LINE.)** Please type or print legibly in ink.
SUBMITTED BY:

Name:

Last Name First Name M.I.

Address:

Number Street Daytime Phone

City State Zip Code Evening Phone

Best way to reach you: ☐ Evening Phone ☐ Daytime Phone ☐ E-mail: _____

LICENSEE SEEKING COMPLAINT AGAINST (use separate form for each licensed individual/business):

Name:

Last Name First Name M.I.

Address:

Number Street Daytime Phone

City State Zip Code License Number/Type Class

Business Name

Business Address Daytime Phone

City State Zip Code Business License # / Type Class

Please check the trade or profession that this application for complaint pertains to

- | | | |
|---|---|--|
| _____ Accountant | _____ Funeral Director | _____ Optometrist |
| _____ Aesthetician | _____ Gas Fitter | _____ Physical Therapist |
| _____ Architect | _____ Hair Salon | _____ Physical Therapist Assistant |
| _____ Athletic Trainer | _____ Hair Stylist | _____ Plumber |
| _____ Audiologist/Speech Language Pathologist | _____ Health Officer | _____ Podiatrist |
| _____ Barber | _____ Hearing Aid/Instrument | _____ Psychologist |
| _____ Barber Shop | _____ Home Inspector | _____ Radio/TV Tech. |
| _____ Chiropractor | _____ Land Surveyor | _____ Real Estate Agent/
Broker/Salesperson |
| _____ Dietitian/Nutritionist | _____ Landscape Architect | _____ Real Estate Appraiser |
| _____ Dispensing Optician | _____ Manicure Salon | _____ Rehab. Counselor |
| _____ Drinking Water | _____ Manicurist | _____ Sanitarian |
| _____ Ed. Psychologist | _____ Marriage & Family Therapist | _____ Social Worker |
| _____ Electrician | _____ Mental Health Counselor | _____ Veterinarian |
| _____ Electrologist | _____ Occupational Therapist | |
| _____ Engineer | _____ Occupational Therapist
Assistant | |
| _____ Fire or Burglar Alarm | | |

Description of the incident(s):

Briefly describe the incident(s) that led to your application for complaint and note the times and dates that events occurred. List the names of all individuals involved. Please attach additional pages if needed.

[illegible]

(Please use a separate sheet if necessary. Do not write in the margins.)

Additional information or materials attached ☐ Yes ☐ No

To speed up the application for complaint process, submit legible copies (not the originals) of all relative documents supporting your application (e.g. contracts, medical records, cancelled checks, etc.). You will receive an acknowledgement letter notifying you if a complaint is issued based on your application. If a complaint is not issued, you will receive information on additional resources that may be available to you.

AUTHORIZATION FOR RELEASE OF RECORDS AND FORM REFERRAL

My signature to this form, or a photocopy thereof, authorizes the Division of Professional Licensure to:
(1) receive copies of all medical, dental and mental health records relating to my application for complaint, and (2) to refer my application for complaint to other appropriate law enforcement authorities to investigate and/or prosecute.

Please note that all applications for complaints are examined to determine their factual basis. The act of filing an application for complaint does not assure or imply that disciplinary action will be taken against the licensee.

I attest that the information provided is true, correct and complete to the best of my knowledge.

Signature

Date _____

Mail this form to:
Division of Professional Licensure, Office of Investigations
239 Causeway St., Suite 500
Boston, MA 02114